SERIES IN ANXIETY AND RELATED DISORDERS

TREATING HEALTH ANXIETY AND FEAR OF DEATH

A Practitioner's Guide

Patricia Furer
John R. Walker
Murray B. Stein

Treating Health Anxiety and Fear of Death

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To Hal, Matthew, and Sarah, for your love and support. *PF*

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To Dorit, Nathan, Rebecca, and Orah, for ignoring me when I complain about my health. *MBS*

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PREFACE

Our interest in health anxiety has been developing over the past 20 years. It grew out of our work with adults with a variety of anxiety disorders. We often found that our clients would describe intense anxiety about illness and death. When we asked about significant life events related to the development of anxiety, many people noted that their problems intensified when there was serious illness or death among those who were close to them. As our interest in fears of illness and death developed, we started to ask clients more directly about these concerns, and we were struck even more by how common these fears of illness and death were for people with various anxiety disorders.

When we looked for research to guide us in helping our clients with these concerns, we were struck by how little had been done on the treatment of health anxiety. The work of the pioneers in this area (Arthur Barsky in Boston; and Isaac Marks, Hilary Warwick, and Paul Salkovskis in the UK) was helpful, but there was, initially, little specific information to guide the clinician. We could find no research on the treatment of death anxiety in clinical populations.

While clients were enthusiastic about obtaining help in dealing with health and death anxiety, other clinicians often expressed discouragement about the challenges of dealing with these problems and made comments such as "What an impossible area to work in!" and "How can you see clients who complain all the time?" We are pleased to say that we have found this to be enormously interesting and rewarding work.

In developing interventions, we used our experience with treatment of the anxiety disorders. We also looked to the early studies of treatment of hypochondriasis that were beginning to appear in the literature. When it became known that we had a special interest in treatment of health anxiety, we received many interesting referrals. As a result, we have now seen

many clients for individual and group therapy addressing a wide variety of concerns related to fear of illness and death. This has allowed us to fine-tune our intervention strategies and develop materials that are helpful in implementing treatment. This book represents our efforts to put these ideas in one place in a format that we hope clinicians will find useful.

In writing this book we focused on the interests of clinicians. Part 1 consists of three chapters that focus on understanding health anxiety in its various forms. Part 2 describes practical approaches to assessment and treatment. The principal components of intervention are described in separate chapters with client handouts that may be used by the clinician in implementing treatment. Chapter 6 describes how the treatment components can be applied in an integrated fashion based on the case formulation. Part 3 describes adaptations of treatment useful when dealing with children and adolescents, the medically ill and the elderly. The book ends with a list of resources that we find useful in our clinical work.

ACKNOWLEDGMENTS

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Part I

UNDERSTANDING HEALTH ANXIETY

CHAPTER 1

FEAR OF ILLNESS AND DEATH

Health is one of the most important sources of security in life, affecting our ability to care for ourselves, our family and home, and our work. It is not surprising that many people experience anxiety concerning their health or the health of loved ones. Health anxiety may be triggered by experiences such as everyday symptoms (a skipped heartbeat, a headache), a threatening experience such as finding a breast lump, or coping with illness or death of a loved one. Anxiety may also be triggered by stories about health issues in the community or media. Worries may be mild and transient or they may have a more severe and chronic course, waxing and waning over time. Some individuals may worry about a specific illness or body symptom, while others worry about many. Conviction about actually having a serious disease may be part of the picture. Health anxiety is often associated with high levels of worry, excessive focus on bodily symptoms, checking for symptoms and signs related to health concerns, and frequent efforts to obtain reassurance. Individuals with high degrees of health anxiety often have high levels of health service utilization. Others may avoid health care professionals because of fears about being diagnosed with a serious disease or because of dissatisfaction with previous health care experiences.

Health anxiety is the central feature of hypochondriasis and plays a major role in other somatoform disorders and somatization in general. It

is often seen in other clinical conditions including anxiety and depressive disorders. Health anxiety may be involved in the development of common anxiety disorders, such as panic disorder and some forms of obsessive-compulsive disorder (OCD). Given the importance of health anxiety, it is exciting to see increasing interest in this topic among clinicians and researchers.

WHY SHOULD WE BE CONCERNED ABOUT HEALTH ANXIETY?

DEVELOPMENTAL FACTORS

Somatic symptoms are one of the earliest ways that humans experience and express their emotional distress. Parents and other caregivers know how often young children report symptoms such as feeling sick, stomachaches, or headaches, when facing difficult experiences. We are also aware of the wide variety of responses among children at different ages to cutting or scraping their skin, putting on a bandage, taking medicine, visiting the doctor or dentist, or having an injection. Most children will experience events that relate to health anxiety, such as the illness or death of a grandparent, death of a pet, and serious illness or death among schoolmates or parents of schoolmates. One of the developmental tasks of childhood is learning to deal with health challenges and concerns. As teenagers, young people are exposed to a variety of health messages communicating, for example, the dangers of smoking as a risk factor for cancer, and unprotected sexual activity as a risk factor for HIV.

SYMPTOMS THAT MAY TRIGGER HEALTH ANXIETY ARE COMMON

Demers, Altamore, Mustin, Kleinman, and Leonardi (1980) used a daily symptom diary to study the health problems in 107 healthy members of a health-maintenance organization. Children, adult females, and adult males averaged 3.3, 3.7, and 2.6 problems, respectively, over a three-week period. Fewer than half of all study days were problem-free. Less than 6% of the problems received professional medical care.

Rief, Hessel, and Braehler (2001) describe a study of somatic symptoms and health worries in a representative sample of 2,050 Germans. Respondents were asked whether they had experienced each of 53 symptoms during the previous two years. They were instructed to answer "yes" only if the symptom had a significant influence on their subjective well-being and if doctors did not find a sufficient explanation for the